

MULTIPLE DEPEN.
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

10/584842

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2		1						52					
3		1						53					
4		1						54					
5		1						55					
6		1						56					
7		1						57					
8		1						58					
9		1						59					
10		1						60					
11		1						61					
12		1						62					
13		1						63					
14		1						64					
15	1							65					
16	1							66					
17	1							67					
18	1							68					
19	1							69					
20	1							70					
21	1							71					
22	1							72					
23	1							73					
24	1							74					
25	1							75					
26	1							76					
27	1							77					
28	1							78					
29	1							79					
30	1							80					
31	1							81					
32	1							82					
33	1							83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	5							TOTAL IND.					
TOTAL DEP.	28							TOTAL DEP.					
TOTAL CLAIMS	33							TOTAL CLAIMS					